

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ALVIN TRIVELPIECE**

Mailing Address **14 WADE HAMPTON TRL**

City	State	Zip Code
HENDERSON	NV	89052-6635

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT PHYSICS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1235.00**

**Transaction ID : SA17.166691**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**110.00**

**B. Full Name (Last, First, Middle Initial)**

**MR. ALVIN TRIVELPIECE**

Mailing Address **14 WADE HAMPTON TRL**

City	State	Zip Code
HENDERSON	NV	89052-6635

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT PHYSICS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1235.00**

**Transaction ID : SA17.172696**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

**C. Full Name (Last, First, Middle Initial)**

**MR. ALVIN TRIVELPIECE**

Mailing Address **14 WADE HAMPTON TRL**

City	State	Zip Code
HENDERSON	NV	89052-6635

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT PHYSICS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1235.00**

**Transaction ID : SA17.181451**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**50.00**

**Subtotal Of Receipts This Page (optional)**.....

**1160.00**

**Total This Period (last page this line number only)**.....